

# CORRESPONDENCE

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## THE FREQUENCY OF ILLEGAL ABORTION

*To the Editor, The Eugenics Review*

Sir,—Dr. Goodhart has done great service by directing further attention towards the problem of Abortion in his article "The Frequency of Illegal Abortion", in the January 1964 number of THE EUGENICS REVIEW (55, 197).

The explanation of his "paradoxical conclusion" is that the mortality rate for abortion bears no relation to the maternal mortality rate. In fact, the mortality rate of legal abortion varies according to the law and its interpretation. This in turn has its effect upon the number of illegal abortions.

In New York City between 1943-47 there were 3,046 therapeutic abortions of local residents and seven deaths i.e. a mortality rate of 230 per 100,000. In Denmark between 1953-57 there were 23,666 legal abortions and sixteen deaths i.e. a mortality rate of 68 per 100,000. In Eastern Europe the average mortality rate for legal abortion is now six per 100,000 operations.

The apparent discrepancy in these figures is due to the fact that in Eastern Europe most legal abortions are performed before the twelfth week of pregnancy. In Denmark 25 per cent of legal abortions were performed after the twelfth week and required a hysterotomy. The American figures pertain to an earlier decade and probably to patients in a much poorer state of health.

The results of a survey conducted under the auspices of the General Register Office 1955-56 imply that some 70,000 women in England and Wales consult their doctor during the course of a year about abortion, and of this total 36 per cent were admitted to hospital. It is not suggested that all these abortions were criminal but it is also pointed out that women do not seek medical help unless there are complications.

In 1962 the Emergency Bed Service reported that they were asked to find beds for 5,743 abortion cases. This represents a 40 per cent increase over the past eight years despite the fact that the demand for acute surgical beds has remained constant.

Death from illegal abortion is nowadays usually due to air embolus or surgical shock. Haemorrhage and sepsis are almost always

controlled when patients are subsequently admitted to hospital. This is why the mortality rate for illegal abortion has fallen so dramatically in this country.

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*Dr. C. B. Goodhart writes:*

It is frequently said that there are upwards of 100,000 illegal abortions in Great Britain every year, and that most of them are procured by unqualified "back-street" abortionists with very grave risks to the women concerned. I would claim to have shown that these two propositions cannot possibly both be true: *either* the number of illegal abortions has been grossly exaggerated, *or* the risks to the mother can be little more than in allowing the child to be born in the normal way.

Dr. Darby favours the second alternative of a high illegal abortion rate with low maternal risk, and he may well be right, though there is little evidence either way. But it is worth considering some of the implications of 100,000 illegal abortions a year, and even higher figures have been mentioned—250,000 for example, by Mr. N. W. Pirie F.R.S. in the March number of the *Association of Scientific Workers Journal*, 10 (2): 4.

As there must be about 10 million women of child-bearing age in this country, 100,000 illegal abortions gives one for 100 women every year, and a doctor with a panel of 2,500 should expect that four of his patients will have undergone one during the previous twelve months. And since women can bear children for rather more than thirty years, this means that on average there will be one illegal abortion for every three women over the whole child-bearing period. That may be so but it sounds a lot, and it all depends upon the correctness of the figure of 100,000: and where exactly is the evidence supporting that estimate?

It is surely not to be found in the figure quoted of 70,000 women consulting their doctors about abortion each year. Apart from very early cases unnoticed by the mother, genuinely spontaneous abortion in the second and third months is common enough, and will mostly occur in

married women who were pleased to know that they were pregnant, and who will not hesitate to go to their doctors if they fear that they are about to lose or have lost their babies. Without further information there seems no reason to suppose that more than a small proportion of women who take medical advice about abortion will have been subjected to illegal interference.

The Danish figures are interesting in showing a death rate for *legal* abortion which is nearly double the estimate for *illegal* abortion in Great Britain, on the basis of 100,000 a year. It is true that a quarter of the Danish abortions were procured after the twelfth week when the risk increases, but it would be instructive to discover what was the mortality for the first three months alone. And also whether there are any estimates of the numbers of illegal abortions still being procured in Denmark, and how many deaths are attributed to these. Denmark is a country standing second to none in its medical and welfare services, and obstetrical specialists operating legally in Danish hospitals might be expected to do quite a lot better than criminal abortionists in the back streets of Great Britain.

The average mortality of six per 100,000 legal abortions given for Eastern Europe is certainly very low, but "Eastern Europe" covers a large and diverse area whose published statistics may be of varying reliability and not always readily verified. One might ask what was the total number of abortions upon which this rate was calculated, and whether it really is for the whole of Eastern Europe and not perhaps what has been claimed for one or two modern clinics in Moscow or Leningrad?

Those who seek to legalize non-therapeutic abortion are inclined to emphasize not only the risks to the mother in illegal abortion, but also its allegedly high frequency. But the arguments for abortion law reform should not depend upon the numbers of illegal operations being performed. If forty women die every year as a result of illegal abortion, that is forty too many, whether it is forty out of 100,000 or out of 10,000. Indeed, since this estimate of the number of deaths is likely to be reasonably reliable, the lower the actual number of illegal abortions the stronger becomes the argument for law reform, in so far as it is based upon the presumed risk to the mother. If there are really about 10,000 illegal abortions a year and the mortality is 400 per 100,000, then legalizing abortion, if it puts the illegal abortionist out of business, ought to result in a significant reduction in the number of

deaths, but with a death rate of only forty per 100,000 the illegal abortionist would already be achieving results that might not so easily be bettered. That is not an argument in favour of the lower figure of course, but it does show how the need to take a critical look at the evidence, before accepting some current estimates, should not be confused with the desirability or otherwise of changing the present laws on abortion.

### THE LEGALIZATION OF MEDICAL ABORTION

*To the Editor, The Eugenics Review*

Sir,—Whatever else may be said about Dr. Glanville Williams's article,\* it does clear the air. When a few months ago, in the *Observer*, I charged the Abortion Law Reform Association with conducting a campaign for free for all abortion behind the smoke-screen of pathetic pictures of rape and incest and congenital deformities, I was indignantly refuted by a spokeswoman of the A.L.R.A. In effect she said that nothing could be farther from their minds, all they wanted was a draft bill, the whole bill and nothing but the bill. Now Dr. Glanville Williams admits that the bill would only give him and his followers a tiny part of what they are seeking, which is to guarantee to every frantic, ill-informed and desperate woman the right to be aborted by some black sheep of the medical profession, if she can find one. Dr. Williams does not appear to have appreciated that the majority of doctors might be honourable and sensible enough to realize that, even if the law told them they could abort any woman with impunity, their consciences would not let them. And the reason for that is clear, from the massive evidence which has accumulated in the countries where legalized abortion has been practised on a mass scale, which shows the extremely serious pathological sequelae which commonly result.

For example, both the Soviet Minister of Health, Dr. Maria Kovrigina, and the Japanese Minister of Welfare have admitted—and deplored—the serious harm to female health which has resulted from a policy of induced abortion, carried out by specialists, under ideal hospital conditions. It is plainly hopeless to call the attention of the reactionaries who call themselves reformers, and whose idea of civilized progress is to take us back to 1803 and the atmosphere of mantraps, spring guns and executions for sheep stealing, to such evidence. They will not look

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\* THE EUGENICS REVIEW, 1964. 56, 19-25.